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16559
10/18/03
S.P.T.O.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.	4002-3376/PC445.00
First Inventor	McKay, William F.
Title	NATURAL TISSUE DEVICES AND METHODS OF IMPLANTATION
Express Mail Label No.	EL 984269686 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

U.S. PTO
10/666900
091804

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>	a. <input type="checkbox"/> Computer Readable Form (CRF)	
- Descriptive title of the Invention	b. Specification Sequence Listing on:	
- Cross References to Related Applications	i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or	
- Statement Regarding Fed sponsored R & D	ii. <input type="checkbox"/> paper	
- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix	c. <input type="checkbox"/> Statements verifying identity of above copies	
- Background of the Invention		
- Brief Summary of the Invention		
- Brief Description of the Drawings (if filed)		
- Detailed Description		
- Claim(s)		
- Abstract of the Disclosure		
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 23]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
<input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney
5. Oath or Declaration [Total Pages 5]	11. <input type="checkbox"/> English Translation Document (if applicable)	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i>	13. <input type="checkbox"/> Preliminary Amendment	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
<input type="checkbox"/> Continuation	17. <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Divisional	<input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 60/411,547	
Prior application information: Examiner: _____	Group / Art Unit: _____	

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	30565 (Insert Customer No.)			
Name	Woodard, Emhardt, Moriarty, McNett & Henry LLP			
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700			
City	Indianapolis	State	IN	Zip Code
Country	USA	Telephone	(317) 634-3456	Fax (317) 637-7561
Name (Print/Type)	Timothy N. Thomas	Registration No. (Attorney/Agent)	35,714	
Signature	<i>Timothy N. Thomas</i>	Date	September 18, 2003	

Express Mail Label Number EL 984269686 US Date of Deposit September 18, 2003

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Patent Application, P.O. Box 1450, Alexandria, VA 22313-1450.

Timothy N. Thomas
Signature of person mailing paper or fee

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL FOR FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number	
Filing Date	
First Named Inventor	McKay, William F.
Group Art Unit	
Examiner Name	

Total Amount of Payment (\$1674.00)

Attorney Docket Number 4002-3376/PC445.00

METHOD OF PAYMENT
 Check Credit card Money Order Other Order None
 Deposit Account:

Deposit Account Number 23-3030

Deposit Account Name Woodard, Emhardt, Moriarty, McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description		Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	65	Surcharge – late filing fee or oath
1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.
1053	130	1053	130	Non-English specification
1812	2,520	1812	2,520	For filing a request for ex parte reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner's Action
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner's Action
1251	110	2251	55	Extension for reply within first month
1252	410	2252	205	Extension for reply within second month
1253	930	2253	465	Extension for reply within third month
1254	1,450	2254	725	Extension for reply within fourth month
1255	1,970	2255	985	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1,510	1451	1,510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive – unavoidable
1453	1,300	2453	650	Petition to revive – unintentional
1501	1,300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
Total Claims	48	Extra Claims	Fee From Below	Fee Paid
		-20** =	28	X 18 = 504.00
Independent Claims	8	-3** =	5	X 84 = 420.00
Multiple Dependent			0	= 0
Large Entity		Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
18	9	Claims in excess of 20		
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$ 924.00)		Other Fee (specify)
* Reduced by Basic Filing Fee Paid				SUBTOTAL (3) (\$)

**or number previously paid, if greater; For Reissues, see above

Complete (if applicable)

Name (Print/Type)	Timothy N. Thomas	Registration No. (Attorney/Agent)	35,714	Telephone	(317) 634-3456
Signature	<i>Timothy N. Thomas</i>			Date	September 18, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.
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